DOCUMENT RESUME

ED 308 583 EA 021 066

TITLE D.C. Teenagers and AIDS: Knowledge, Attitudes, and Behaviors.
INSTITUTION Center for Population Options, Washington, DC.
PUB DATE Apr 88
NOTE 10p.; For related document, see EA 021 065.
AVAILABLE FROM Publications, Center for Population Options, 1012 14th Street, N.W., Suite 1200, Washington, DC 20005 ($1.00 prepaid).
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Behavior Modification; *Contraception; *Health Promotion; *Prevention; Secondary Education; Venereal Diseases
IDENTIFIERS *District of Columbia

ABSTRACT

Adolescents currently account for less than 1 percent of reported AIDS cases. Yet, because of their experimentation with both sex and drugs, teens face an increasingly high risk of contracting and transmitting the virus that causes AIDS (Acquired Immune Deficiency Syndrome). A total of 35 innercity black adolescents, ages 14 through 17, were interviewed in 2-hour group sessions. Key findings revealed that: (1) the teens were generally well informed about AIDS and about how HIV (Human Immunodeficiency Virus) is transmitted; (2) participants did not feel themselves to be at risk of contracting the virus and subsequently had not altered their behavior; (3) neither abstinence nor monogamy was a viable option as a means of AIDS avoidance; and (4) condoms were familiar to the adolescents, but due to some negative feelings regarding their use, condoms were not consistently used as a means of AIDS protection. Recommendations for helping teens to feel personally vulnerable to AIDS include integrating AIDS information that emphasizes prevention into existing health or sex education classes at each grade level and implementing programs that focus on helping teens adopt, develop, and maintain AIDS preventative behaviors. (KM)

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D.C. Teenagers and AIDS:

Knowledge, Attitudes, and Behavior

Center for Population Options
1012 14th Street, N.W.
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Washington, DC 20005

April, 1988

EA 021 066

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D.C. Teenagers and AIDS: Knowledge, Attitudes and Behavior

I. BACKGROUND

Acquired Immune Deficiency Syndrome (AIDS) is now an epidemic in the United States, and all sectors of society are being affected. As of March 1988, there have been over 55,000 cases of AIDS reported to the Centers For Disease Control, and over 30,000 Americans have died of the disease.

Adolescents currently account for less than one percent of the reported cases of AIDS. Yet teenagers, because of their experimentation with both sex and drugs, may be at increasingly high risk of becoming infected with and transmitting the Human Immunodeficiency Virus (HIV) that causes AIDS. In fact, the U.S. Army has already found high rates of HIV infection among young people applying for induction, especially in cities along the East Coast and California. Because of the long period of incubation for the virus, many of the people who are now ill with AIDS were probably infected during their teenage years.

The Center for Population Options, a national non-profit organization headquartered in Washington, D.C., believes that there must be an immediate campaign to reduce the likelihood that the AIDS epidemic will reach the nation's adolescents. Adolescence is a critical time for teaching about this issue both because educational activities can reach large numbers of young people and because both present and future health habits are being formed and influenced. Schools, churches, and youth-serving agencies have a major opportunity to provide young people with both formal and informal education programs about AIDS transmission, and related prevention strategies, while placing the issue in the context of life planning, relationships, and sexual decision-making.

The Center for Population Options has initiated a major national initiative on AIDS and Adolescents. Activities to date have included:

* Development of a landmark report, "AIDS and Adolescents: The Time For Prevention Is Now", that was circulated nationwide to government agencies, national and state legislators, schools, family planning and school-based health clinics, religious organizations, parent groups, and youth-serving agencies. The report discussed the importance of AIDS prevention education among adolescents, how to involve the community, and recommendations for AIDS education programs for youth.

*Assessment of existing AIDS education resources for young people, including the publication of a semi-annual annotated bibliography of outstanding curricula, pamphlets, movies, leader resources, and materials for parents.

*Training and technical assistance to over two hundred organizations, including programs on AIDS prevention for the Writers Guild, the American Public Health Association, the Girls Clubs of America, the Association of Junior Leagues, the National Education Association, the National Association of State Boards of Education, and the National Youth Employment Coalition.

*Convening a national conference on AIDS and Adolescents, to focus on the need for prevention programs, model efforts for teens, and guidelines for school, clinic, and community agency prevention strategies.

II. TEENS FOR AIDS PREVENTION: D.C. Demonstration Project

The Center for Population Options believes that the AIDS epidemic requires educators to develop unique and innovative approaches that will be effective in changing the behavior of the nation's teenagers. Many of the most promising health education interventions with teenagers have been those that are coordinated by the teenagers themselves and deal with changing teenage behavioral nα ms. CPO believes that AIDS prevention programs that are designed to alter the peer culture and school norms around sex and drugs are likely to be more successful than classroom interventions alone. The Teens for AIDS Prevention Project will demonstrate and evaluate one such approach to AIDS prevention.

The project has two primary goals. The first goal is to understand inner city teenagers' knowledge, attitudes, and behavior related to AIDS in order to help educators, health professionals, government officials, and the media design effective AIDS prevention strategies. The second goal is to develop and evaluate a peer mediated approach to AIDS prevention that will work to change teen norms related to sex and drugs as well as other AIDS-related attitudes and behaviors.

Two Teens For AIDS Prevention (TAP) Chapters have now been formed: at Wilson Senior High School and Ballou Senior High School in Washington, D.C. Twenty-four students are now actively involved with the project. These groups have received extensive education about AIDS, and are beginning to design schoolwide activities. The proposed activities include developing posters, buttons, flyers, and other materials; student presentations for classrooms, clubs, and assemblies; and special activities such as contests, articles for student newspapers, raps, skits, and student rallies. The students will also develop ads that will be placed in all D.C. high school newspapers.

This project will serve as a model for schools across the United States. The materials developed by students will be professionally produced and available for nationwide distribution. An evaluation will be conducted to test a relevant, practical approach to AIDS prevention among adolescents, and will contribute significantly to knowledge about successful health interventions for teenagers.

III. FOCUS GROUPS

As a first step in this project, CPO developed four focus groups groups of D.C. teenagers in order to assess adolescents' awareness of and attitudes about AIDS. The focus groups were conducted by Shugoll Research, a local market research firm. A focus group, a qualitative research methodology, is a panel discussion with 8 to 12 representatives of a selected target market for a particular service, product, or idea. The discussion is led by a moderator who is trained in consumer behavior theories or marketing principles. Participants in the group are encouraged to relate to each other, share attitudes, and provide candid opinions regarding the topics presented to them by the moderator or generated by the dynamics of the group. Consensus is not sought. Rather, the moderator uses his or her skills to question, probe, and clarify responses as well as control the flow of the conversation to cover all areas of interest to the client.

A total of four focus groups were conducted with black, inner-city adolescents ages 14 to 18. Each group discussion was two hours long. In total, 35 teens participated. Two groups were composed of male students, one of female students, and one group of female dropouts. The original intent was to have two groups of dropouts, one female, and one male, in addition to the two student groups. However, recruitment of participants among male dropouts was difficult. The vast majority of dropout boys contacted were not interested in attending the group for a $25.00 fee because, as some said, they could make much more money "by dealing drugs on the street." As a result, respondents in both of the male groups were students. One group consisted of males 14 to 17 years of age (18 year olds were recruited but did not show up) while the second group consisted only of young male adolescents ages 14 to 16.

Key Findings

Several key findings emerged from the focus groups and will be described in greater detail below:

* The participants were generally well informed about AIDS and about how the HIV virus is transmitted. Students were generally better informed than dropouts, and older teens were more knowledgeable than younger ones.

* The teenagers did not feel that they were at risk of being exposed to the HIV virus.

* Although the participants knew many facts about AIDS, they had not changed their behavior because of it.
  - -Total abstinence was universally rejected.
  - -Monogamy in a relationship was not a favorable prevention option, especially among the males.
  - -Condoms were familiar to participants, and were recognized as a viable means of protection but they were also associated with some negative feelings.

* Participants wanted to learn more about AIDS and felt that their peers as well as young people with AIDS would be the most effective educators.

The teenagers were well informed about AIDS.

All of the respondents were aware of AIDS. They recognize it as a major public health problem which receives a substantial amount of media attention and discussion. In fact, the source of first awareness of AIDS was most often the media, usually surrounding celebrity deaths from the disease. The participants' awareness was heightened primarily through television, radio, newspapers and magazines, and, for adolescents in school, via specific discussions on the virus in health classes. The teens' other sources of information included church, family, and friends. Dropouts have more limited sources of information on AIDS than their in-school counterparts, receiving their information primarily from television and friends.

Participants generally knew basic information about AIDS. Students appeared to be much more informed than the dropouts and older teens appeared more informed than younger ones. Correct information that participants knew about AIDS included the modes of transmission of the disease, that AIDS is not transmitted through casual contact, that the HIV virus breaks down the immune system, that there is a distinction between HIV and AIDS, that there is no cure and that there is a considerable lag between initial infection with the HIV virus and the actual development of the disease.

Despite the teens' high level of correct information regarding AIDS, several incorrect perceptions also existed. These included where the disease originated ("I heard it got started when a man had sex with a monkey"); and how it is transmitted ("I got really scared when I heard all this stuff about mosquitoes having it"); and to whom it is transmitted ("Prostitutes are a threat, not the girl next door").

Teens also had questions about certain facts that were either misunderstood or needed additional clarification. Some of these questions included whether kissing could transmit the disease and how effective different types of condoms were in preventing HIV transmission.

The participants did not think that AIDS was a major problem for teenagers.

Given the high level of awareness of how AIDS is contracted and spread, most respondents were well aware of the basic methods of avoiding and/or preventing the disease. However, the major barrier concerning AIDS prevention is not a lack of information; it is that teens do not feel they are at risk for becoming infected with HIV. Most respondents were not very concerned about the possibility of contracting AIDS because they do not use I.V drugs or perceive that they have sex with I.V. drug users; they do not have sex with homosexuals; and they are not aware of people with AIDS in their own social circles or age group. One participant stated, "It doesn't seem like a lot of teenagers are getting AIDS." Another student stated,

"It doesn't seem likely (getting AIDS), but I know it is happening, but it's not a major problem." Many of the participants associated AIDS with the gay community and expressed homophobic reactions ("Even if there wasn't AIDS, I wouldn't be friendly with gays.")

A major problem contributing to teen feelings of invulnerability is that because of the virus' length of incubation, teens will never see many other teens sick with AIDS. Although many teens may be infected, they are asymptomatic carriers. Teenagers state that people with AIDS are white, gay, older than they are, or all of the above. As one teen clearly stated, AIDS doesn't seem to be a reality for teens. "Until it hits somebody in their immediate family or someone they know, they (teens) aren't going to really wake up and see what's going on."

As a result of teenagers' feeling invulnerable to AIDS, they have not changed their behavior to protect themselves from being infected with the HIV virus.

As a result of the participants' attitudes and lack of concern over becoming infected with HIV, the vast majority of respondents were not doing very much to avoid becoming infected. Those teenagers who were doing or might do something to prevent the spread of AIDS would consider carefully choosing a partner, using condoms, and being tested for HIV infection. Total abstinence, while recognized as a foolproof method of avoiding AIDS, was universally rejected as an option in all the focus groups. Even if convinced that the risk is substantial, many felt that they would take their chances. However, several respondents would consider decreasing their sexual activity or waiting longer to initiate sex if they really felt concerned about contracting AIDS.

Monogamy in terms of sustaining a long-term relationship with one partner was discussed as a preventive option for AIDS, but it was not very popular, especially among the boys who enjoy a very favorable girl:boy ratio in D.C. In addition, they do not want to be monogamous because they feel that they are too young. For others, the length of a long-term, monogamous relationship, defined as ranging anywhere from three weeks to three months, differed greatly from how many adults define a long-term relationship.

Among the dropouts, a fatalistic attitude also influenced their lack of motivation to protect themselves from the HIV virus. One female dropout stated that she would not stop having sex even if she became infected with HIV. "If I catch it, I would pass it right along. Why should I die by myself?"

Using condoms was considered a viable means of AIDS prevention by teens, because it is a practice with which they are already familiar. Boys want protection from girls who might try to "trap" them into fatherhood, as well as from STDs. Girls want protection against STDs (not necessarily AIDS). Representative respondents from both sexes indicated that they had used condoms. However, there is no evidence that teens use condoms regularly. The positive aspects of using condoms cited were that they are inexpensive, easy to use, readily available and help prevent disease. As

one participant stated, "If you are using a rubber you don't have to worry about anything."

But there were also negative reactions to condom usage; these included the idea that a person using them may be thought to have a disease or suspect that his or her partner does. For similar reasons, it was thought to be difficult to introduce condoms into a relationship where sexual relations have been going on without them. Moreover, some respondents suggested that even if they had been using condoms at the beginning of the relationship, they would probably discontinue using them after a period of time when they felt they were "safe" (time frames range from 3 weeks to 3 months.)

Teenagers would like to learn more about AIDS.

The teenagers responded positively to the idea of Teens for AIDS Prevention groups and indicated that they would like to learn more about AIDS. They felt that they would like to have access to a source of high quality, confidential information. The type of spokesperson on AIDS prevention that teenagers would like to see is a non-celebrity their own age who is actually suffering from AIDS and urges them to seek information while they still have a chance. They rejected adults as too authoritarian and celebrities their own age (e.g., actors, rock stars, etc.) as unbelievable. "Kurtis Blow says not to use drugs, but we all know he uses them."

Conclusion

Overall, the findings from the focus groups suggest that adolescents are knowledgeable about AIDS, although they do have some misinformation that needs to be corrected. Despite this, many of them are not motivated to protect themselves from AIDS because they do not think they are at risk for HIV infection. They cited that one of the most effective spokesperson would be a teen suffering from AIDS, demonstrating that teenagers' risk of contracting the HIV infection is very real.

IV. RECOMMENDATIONS

The Center for Population Options offers the following recommendations as a result of these focus groups and our experiences with the Teens for AIDS Prevention chapters.

1) AIDS education should be integrated into existing comprehensive health or sexuality education programs. AIDS prevention information will be most effective if it is discussed following units on such topics as self-esteem, family and personal values, decision-making, contraception, communication skills, drug prevention, sexually transmitted diseases, and peer pressure.

2) Programs should emphasize the prevention of HIV rather than biomedical information. These focus groups confirm other research that clearly indicates that most teenagers are very well informed about AIDS and its transmission, although they do not personally feel at risk and continue to engage in high risk behaviors. Providing facts is not enough to change teens' behavior. The majority of teen pregnancies are unintended, even though most teenagers are well-acquainted with the facts about how pregnancies occur.

Teenagers must believe that they are vulnerable to HIV infection before they will be motivated to change their behaviors. Teenagers by and large believe that AIDS is something that happens to "someone else" - only white, gay, male adults get AIDS. And because of the long incubation period of the virus, very few teenagers know anyone their age with AIDS, so they simply do not believe that they are at risk. AIDS education should focus on high risk behaviors rather than high risk groups so that teens are not able to distance themselves from the risk of infection.

D.C. schools should consider inviting People with AIDS as guest speakers in the classroom. The teenagers in these focus groups clearly stated that they are most likely to hear the AIDS prevention message from a young person who is either sick or infected. Many school programs across the United States have successfully integrated People with AIDS into their classroom programs. The Whitman Walker clinic and LifeLink would be helpful in identifying appropriate speakers.

3) Programs must provide ample opportunity for behavioral skill development. A significant body of health education research demonstrates that information alone does not influence actual behaviors. Education programs for D.C. teens should focus on helping them develop and adopt preventive behaviors. AIDS education programs should include a variety of activities designed to increase knowledge, explore attitudes, and change behaviors. Education programs must help teens practice prevention behaviors, including saying "no" to pressure related to sex and drug use, talking about the decision to have sex with a partner, and explicit information on how to use, buy, and talk about condoms.

4) AIDS education should be offered in multiple sessions at each grade level. We cannot expect teens to absorb the needed information in a few sessions in the tenth grade, nor can we expect such single interventions to affect teens' behaviors. Numerous studies have documented the need for continuous repetition of health messages in order to achieve risk reduction.

5) D.C. should assure that teenagers are involved in designing and implementing AIDS education programs. We believe that "Teens For AIDS Prevention" chapters could easily be started in other D.C. high schools.

6) Special efforts need to be developed to reach out-of-school youth. First, additional monies need to be available to research the attitudes, knowlege, and risk behaviors of teenagers who have left school. In our preliminary study, dropouts had less information than students and many had a fatalistic attitude about AIDS. Special efforts will need to be made to provide risk reduction programs to these very at risk, but difficult to reach, adolescents.